SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _253_
Registered No. _693_

1. PLACE OF BIRTH

County _Maricopa_ State _Arizona_

District or Township _____ or Village _____

City _Phoenix_ No. _2312 W. Dayton_ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate?	7. Date of birth _June 3 1927_
_M_		5. No., in order of birth _____	_yes_	Month Day Year

8. FATHER	14. MOTHER
Full name _Arthur Ray Lefker_	Full maiden name _Bessie Lee Garrett_
9. Residence (Usual place of abode) _2312 W. Dayton_	15. Residence (Usual place of abode) _Same_
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race _W_	16 Color or race _W_
11. Age at last birthday _17_ (Years)	17. Age at last birthday _14_ (Years)
12. Birthplace (city or place) _____ (State or country) _Ariz._	18. Birthplace (city or place) _____ (State or country) _Ark_
13. Occupation Nature of industry _Laborer_	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _1_ (b) Born alive but now dead _0_ (c) Stillborn _0_	21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _7:30 a_ m. on the date above stated

(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _C. R. Hughes_

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

_639-603-273_

Registrar

Address _____

Filed _6-30_, 1927. _____

Registrar